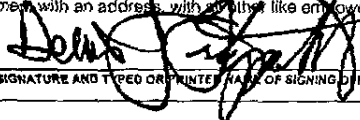


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                      |                                                                                                                          |                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| <b>DOCUMENT # V19487</b><br>1. Entity Name<br><b>ST. MARKS REFINERY, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      |                                         |                                                        |
| Principal Place of Business<br><b>627 FORT LEON DRIVE<br/>ST. MARKS, FL 32355</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      | Mailing Address<br><b>PO BOX 6789<br/>KINGWOOD, TX 77325</b>                                                             |                                                        |
| <b>DO NOT WRITE IN THIS SPACE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |                                                                                                                          |                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                      | <br>01302006 No Chg-P CR2E034 (11/05) |                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                      | 4. FEI Number<br><b>59-3112231</b>                                                                                       | Applied For<br><input type="checkbox"/> Not Applicable |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                      | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>               |                                                        |
| 6. Name and Address of Current Registered Agent<br><br><b>MESSER, CAPARELLO &amp; SELF, P.A.<br/>215 SOUTH MONROE STREET<br/>SUITE 701<br/>TALLAHASSEE, FL 32301</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                      | <b>DO NOT WRITE<br/>IN THIS SPACE</b>                                                                                    |                                                        |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                              |                      |                                                                                                                          |                                                        |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      |                                                                                                                          |                                                        |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                      | <b>1000000419223<br/>02/14/06-80038-022 158.75</b>                                                                       |                                                        |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |                                                                                                                          |                                                        |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | PD                   |                                                                                                                          |                                                        |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | FITZPATRICK, DENIS J |                                                                                                                          |                                                        |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | PO BOX 8789          |                                                                                                                          |                                                        |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | KINGWOOD, TX 77325   |                                                                                                                          |                                                        |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ASTS                 |                                                                                                                          |                                                        |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | TRACY, WILLIAM L     |                                                                                                                          |                                                        |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | PO BOX 6789          |                                                                                                                          |                                                        |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | KINGWOOD, TX 77325   |                                                                                                                          |                                                        |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                      |                                                                                                                          |                                                        |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                      |                                                                                                                          |                                                        |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                      |                                                                                                                          |                                                        |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                                                                                                                          |                                                        |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                      |                                                                                                                          |                                                        |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                      |                                                                                                                          |                                                        |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                      |                                                                                                                          |                                                        |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                                                                                                                          |                                                        |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                      |                                                                                                                          |                                                        |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                      |                                                                                                                          |                                                        |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                      |                                                                                                                          |                                                        |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                                                                                                                          |                                                        |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered. |                      |                                                                                                                          |                                                        |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      | <b>1/30/06 2817974788</b><br>Date Daytime Phone                                                                          |                                                        |